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CONFIRMATION NO. 9589

<b>SERIAL NUMBER</b> 10/656,385	<b>FILING OR 371(c) DATE</b> 09/05/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> JJPR-0036
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/408,736 09/06/2002 and claims benefit of 60/408,569 09/06/2002  
 and claims benefit of 60/408,579 09/06/2002

OK/mo

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE/mo

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/04/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>MD</i>				

## ADDRESS

23377

## TITLE

Use of histamine H4 receptor modulators for the treatment of allergy and asthma

<b>FILING FEE RECEIVED</b> 1330	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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